

**CAMERON PARISH ASSESSOR'S OFFICE**  
**Assessor Scott Lavergne, CLA**

**VOLUNTEER FIREFIGHTER APPLICATION FOR ADDITIONAL TAX EXEMPTION**  
**\*\*\*MUST BE REAPPLIED FOR BY JULY 1<sup>ST</sup> OF EACH YEAR\*\*\***

**TO BE FILLED OUT BY SUPERVISOR OF VOLUNTEER FIREFIGHTER (Fire Chief, Chief Admin Officer, Chief of Staff or equivalent):**

\_\_\_\_\_, for the YEAR \_\_\_\_\_, as \_\_\_\_\_  
(Applicant/First Responder Name printed) (Title of Job as described below)

who claims homestead at \_\_\_\_\_, and meets the following requirements:  
(Applicant/First Responder Property Address)

**CHECK ALL THAT APPLY**

- \_\_\_\_\_ Volunteer Firefighter. **AND**
- \_\_\_\_\_ Has completed no fewer than 24 hours of firefighter continuing education within the current year. **AND**
- \_\_\_\_\_ Is an active member of the Louisiana State Fireman's Association. **OR**
- \_\_\_\_\_ Is on the departmental personnel roster of the Volunteer Firefighter Insurance Program.

\_\_\_\_\_  
(Supervisor Signature) (Printed Name) (Title)

\_\_\_\_\_  
(First Responder Signature) (Printed Name) (Title)

**Louisiana Revised Statute Title 47, Section 1703 provides a maximum penalty of \$500 - and six-months imprisonment for any person who knowingly furnishes false information for the purpose of procuring any tax exemption or benefit.**

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified within and for the State and Parish aforesaid, personally came and appeared \_\_\_\_\_, (Supervisor, printed name) representing the office of \_\_\_\_\_, (Public Entity Name printed) who declares, \_\_\_\_\_, (First Responder printed name) meets the aforesaid qualifications pursuant to Act 179 of the 2023 Regular Legislative Session.

SWORN TO AND SUBSCRIBED BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
Notary Public Printed Name Commission Number

**\*\*THIS FORM MUST BE NOTORIZED AND RETURNED TO OUR OFFICE NO LATER THAN JULY 1<sup>ST</sup> OF EACH YEAR\*\*.**

**Internal Use Only:**

\_\_\_\_\_  
(Parcel Number) (Property Address) (Deputy Assessor Name)